MALE WITTE 10a. USUAL OCCUPATION (Give kind of work done during must of working life, even if retired) LARDER: 13b. MOTHER'S OR INDUSTRY 11. BIRTHPLACE (City and state or country) LARDER: 13c. ANAME OF HUMPHRY 13c. MOTHER'S MAIDE 13d. MOTHER'S MAIDEN NAME PERRY HUMPHRY 15d. MOTHER'S MAIDEN NAME 15d. MOTHER'S MAIDEN NAME PERRY HUMPHRY 15d. MOTHER'S MAIDEN NAME 15d. MOTHER'S MAIDEN NAME 17d. NAME OF HUMPHRY FLORENCE HUMPHRY INTERVAL SETWEN CONSISTANCE OF DEATH (Enter only one cause per line fig.) 17d. NAME OF DEATH (Enter only one cause per line fig.) 17d. NAME OF HUMPHRY FLORENCE HUMPHRY INTERVAL SETWEN CONSIstancy Hours INTERVAL SETWEN CONSIstancy Hours Interval Setwen Conditions, If say, above cause (a). BRONCHOGEN IC CARC I NOMA To be above cause (b). SET 11. If deceased was female was f						SION OF HEALTH - STANDAR			~{	5 2- 03	6295
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A O S S S S S S S S S S S S S S S S S S						 FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 	Inside Limits	d. STREET (III	cutside, gi: IA	ve location)	
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REMOVAL (Specify) Burial-Removal 9-22-62 Longview Cemetery Burial-Removal 9-22-62 Longview Cemetery Jefferson City, Missouri Address Tanner Funeral Home 700 Lefferson SEP 21 1962 Foundation Tanner Funeral Home 700 Lefferson SEP 21 1962	F			J⋚l	32		23c. NAME OF CEMETERY OR CRE	EMATORY 23d. LOCATION	(City, town	or county)	
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STATEMENT BY LICENSED EMBALMER

I he	ereby certify tl	hat the body whose name is	recorded on the reverse side of this certificate was embalmed by me,
or by			, Student Epybalmer No
working ur	nder my persor	nal supervision.	Of Alimitation
Student	Signatur	re of Student Embalmer	Signed MM Jewself July
	31911013	· ·	Licensed Embalmer No.
-	it:		P. O. Address Balle mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.